



MISSOURI DEPARTMENT OF REVENUE **2003 FORM MO-1040**
INDIVIDUAL INCOME TAX RETURN—LONG FORM

FOR CALENDAR YEAR JAN. 1–DEC. 31, 2003, OR FISCAL YEAR BEGINNING

7 2003, ENDING **8** 20 **9**

AMENDED RETURN —CHECK HERE **10** SOFTWARE

NAME AND ADDRESS VENDOR CODE **11**
(Assigned by DOR)

SOCIAL SECURITY NUMBER SPOUSE'S SOCIAL SECURITY NUMBER

12 **13**

NAME (LAST) (FIRST) M.I. JR, SR

14 **15** **16** **17** **18**

SPOUSE'S (LAST) (FIRST) M.I. JR, SR

19 **20** **21** **22** **23**

IN CARE OF NAME (ATTORNEY, EXECUTOR, PERSONAL REPRESENTATIVE, ETC.)

24

COUNTY OF RESIDENCE

25

SCHOOL DISTRICT NO.

26

PRESENT ADDRESS (INCLUDE APARTMENT NUMBER OR RURAL ROUTE)

27

CITY, TOWN, OR POST OFFICE, STATE, AND ZIP CODE

28 **29** **30**

You may contribute to any one or all of the trust funds on Line 44. See instructions for a description of each trust fund.



PLEASE CHECK THE APPROPRIATE BOXES THAT APPLY TO YOURSELF OR YOUR SPOUSE.

AGE 65 OR OLDER

31 YOURSELF

32 SPOUSE

BLIND

33 YOURSELF

34 SPOUSE

100% DISABLED

35 YOURSELF

36 SPOUSE

NON-OBLIGATED SPOUSE

37 YOURSELF

38 SPOUSE

INCOME	Yourself				Spouse			
	1Y	39	00	1S	40	00		
	2Y	41	00	2S	42	00		
	3Y		00	3S		00		
	4Y	43	00	4S	44	00		
	5Y	45	00	5S	46	00		
	6			00				
7. Income percentages — Divide columns 5Y and 5S by total on Line 6. (Total of columns 7Y and 7S must equal 100%.)	7Y		%	7S		%		

EXEMPTIONS AND DEDUCTIONS

8. Pension exemption (from Form MO-A, Part 3, Line 9)	8	47	00			
9. Mark your filing status box below and enter the appropriate exemption amount on Line 9.	9	55	00			
48 A. Single — \$2,100 (See Box B before checking.)	52 E. Married filing separate (spouse NOT filing) — \$4,200					
49 B. Claimed as a dependent on another person's federal tax return — \$0.00	53 F. Head of household — \$3,500					
50 C. Married filing joint federal & combined Missouri — \$4,200	54 G. Qualifying widow(er) with dependent child — \$3,500					
51 D. Married filing separate — \$2,100						
10. Tax from federal return (Do not enter amount from your Form W-2(s)—Do Not Enter Federal Tax Withheld.)						
• Federal Form 1040, Line 54 minus Lines 42 and 63 minus Line 2 of child tax credit worksheet; or						
• Federal Form 1040A, Line 36 minus Line 41 minus Line 2 of child tax credit worksheet; or						
• Federal Form 1040EZ, Line 10 minus Line 8 minus Line 2 of child tax credit worksheet; or						
• Federal Telefile Tax Record, Line K(2) (second box) minus Line L	10	56	00			
11. Other tax from federal return — Attach copy of your federal return (pages 1 and 2).	11	57	00			
12. Total tax from federal return — Add Lines 10 and 11.	12	58	00			
13. Federal tax deduction — Enter amount from Line 12 not to exceed \$5,000 for individual filer; \$10,000 for combined filers.	13	59	00			
14. Missouri STANDARD DEDUCTION OR ITEMIZED DEDUCTIONS (See instructions.)	14	60	00			
15. Number of dependents from Federal Form 1040 OR 1040A, Line 6c (DO NOT INCLUDE YOURSELF OR SPOUSE.)	61	X \$1,200 =	15	62	00	Do not include yourself or spouse.
16. Number of dependents on Line 15 who are 65 years of age or older and do not receive Medicaid or state funding (DO NOT INCLUDE YOURSELF OR SPOUSE.)	63	X \$1,000 =	16	64	00	
17. Long-term care insurance deduction			17	65	00	
18. Total deductions — Add Lines 8, 9, 13, 14, 15, 16, and 17.			18	66	00	
19. Subtotal — Subtract Line 18 from Line 6.			19	67	00	
20. Multiply Line 19 by appropriate percentages (%) on Lines 7Y and 7S.	20Y		00	20S		00
21. Enterprise zone income modification	21Y	68	00	21S	69	00
22. Subtract Line 21 from Line 20. Enter here and on Line 23.	22Y		00	22S		00

		Yourself		Spouse		
TAX	23. Taxable income amount from Lines 22Y and 22S	23Y	00	23S	00	
	24. TAX on Line 23 (See tax table on the back of Form MO-A.)	24Y	70	24S	71	
	25. Resident credit (Attach Form MO-CR and other income tax return.) OR	25Y	72	25S	73	
	26. MO income percentage (Attach Form MO-NRI & copy of federal return.) Check correct box if you or your spouse is a professional entertainer or a member of professional athletic team. (Enter 100% unless you are attaching Form MO-NRI.) 74 YOURSELF 75 SPOUSE	26Y	76 %	26S	77 %	
	27. Balance (Resident — subtract Line 25 from Line 24 OR Missouri income percentage — multiply Line 24 by percentage on Line 26.)	27Y	78	27S	79	
	28. Other taxes (Check box and attach federal form indicated.) 80 Lump sum distribution (Form 4972) 81 Recapture of low income housing credit (Form 8611)	28Y	82	28S	83	
	29. SUBTOTAL — Add Lines 27 and 28.	29Y	84	29S	85	
	30. TOTAL TAX — Add Lines 29Y and 29S.	30			00	
	PAYMENTS / CREDITS	31. MISSOURI tax withheld — Attach Form W-2(s) and/or Form 1099(s).	31	86		00
		32. 2003 Missouri estimated tax payments (include overpayment from 2002 applied to 2003)	32	87		00
33. Missouri tax withheld for nonresident partners or S corporation shareholders. Attach Form MO-2NR.		33	88		00	
34. Missouri tax withheld for nonresident entertainers — Attach Form MO-2ENT.		34	89		00	
35. Amount paid with Missouri extension of time to file (Form MO-60)		35	90		00	
36. Miscellaneous tax credits (from Form MO-TC, Line 13) Attach Form MO-TC.		36	91		00	
37. Property tax credit — Attach Form MO-PTS.		37	92		00	
38. Total payments and credits — Add Lines 31 through 37.		38	93		00	
AMENDED RETURN	Skip Lines 39–41 if you are not filing an amended return.					
	39. Amount paid on original return	39	94		00	
	40. Overpayment as shown (or adjusted) on original return	40	95		00	
	INDICATE REASON(S) FOR AMENDING.					
	96 A. Federal audit	Enter date of IRS report. M M D D Y Y 97				
	98 B. Net operating loss carryback	Enter year of loss. 99				
	100 C. Investment tax credit carryback	Enter year of credit. 101				
	102 D. Correction other than A, B, or C	Enter date of federal amended return, if filed. 103				
	41. Amended Return — total payments and credits. Add Line 39 to Line 38 or subtract Line 40 from Line 38.	41	104		00	
	REFUND OR AMOUNT DUE	42. If Line 38, or if amended return, Line 41, is larger than Line 30, enter difference (amount of OVERPAYMENT) here.	42	105		00
43. Amount of Line 42 to be applied to your 2004 estimated tax		43	106		00	
44. Enter the amount of your donation in the appropriate boxes to the right. .		<div style="display: flex; justify-content: space-between;"> <div> 44 107 00 </div> <div> 108 00 </div> <div> 109 00 </div> <div> 110 00 </div> <div> 111 00 </div> <div> 112 00 </div> </div>				
45. Overpayment to be refunded to you. Subtract Lines 43 and 44 from Line 42 and enter here. Sign below and mail return to: DEPARTMENT OF REVENUE, P.O. BOX 500, JEFFERSON CITY, MO 65106-0500. (*2-D BARCODE ONLY—DOR, P.O. BOX 3222, JEFFERSON CITY, MO 65105-3222) REFUND		45	113		00	
46. If Line 30 is larger than Line 38 or Line 41, enter the difference (amount of UNDERPAYMENT) here.		46	114		00	
47. Underpayment of estimated tax penalty — Attach Form MO-2210. Enter penalty amount here.		47	115		00	
48. Total amount due — Add Lines 46 and 47 and enter here. Sign below and mail return and payment to: DEPARTMENT OF REVENUE, P.O. BOX 329, JEFFERSON CITY, MO 65107-0329. (*2-D BARCODE ONLY—DOR, P.O. BOX 3370, JEFFERSON CITY, MO 65105-3370). Please write your social security number(s) and daytime phone number on your check or money order (U.S. funds only). Make payable to Missouri Director of Revenue. AMOUNT YOU OWE		48	116		00	
The Department of Revenue may collect checks returned for insufficient or uncollected funds electronically.						
*If a 2-D barcode (black and white shaded box) appears in the upper right corner of page 1, send form to the 2-D barcode address.)						
SIGNATURE		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any individual who files a frivolous return.				
	I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of the preparer's firm. 117 YES <input type="checkbox"/> NO		PAID PREPARER'S TELEPHONE		DOR ONLY <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> U <input type="checkbox"/> P <input type="checkbox"/> F <input type="checkbox"/>	
	SIGNATURE	DATE	PAID PREPARER'S SIGNATURE		FEIN, SSN, OR PTIN 119	
	SPOUSE'S SIGNATURE (If filing combined, BOTH must sign)	DAYTIME TELEPHONE 118	PAID PREPARER'S ADDRESS AND ZIP CODE		DATE	